



"Noel Busch"
<noel@buschandcompany.com>

02/17/2016 10:43 PM

To <pubrec@fec.gov>,

cc

bcc

Subject FEC Statement of Candidacy and Organization

1 attachment



FEC Statement of Organization and Candidacy 02-15-2016.pdf

In behalf of Mark Busch, candidate for US House Florida District 7.....

Noel Busch
Busch and Company Communications and Consulting LLC
PO Box 681248, Orlando FL 32868



2016-02-18 09:00:14

FEC
FORM 1

STATEMENT OF
ORGANIZATION

Office Use Only

1. NAME OF
COMMITTEE (in full)

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

MARK BUSCH FOR CONGRESS

ADDRESS (number and street)

PO BOX 681248

(Check if address
is changed)

ORLANDO

CITY ▲

FL

STATE ▲

32868-1248

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address
is changed)

MARK@MARKBUSCH.US

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address
is changed)

2. DATE

02/15/2016

3. FEC IDENTIFICATION NUMBER ►

C

4. IS THIS STATEMENT

X

NEW (N)

OR

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

NOEL H. BUSCH

Signature of Treasurer

Noel H. Busch

Date

02/15/2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109.
ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 06/2012)

5. TYPE OF COMMITTEE

Candidate Committee:

- (a) ☒ This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) ☐ This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate

MARK BUSCH

Candidate Party Affiliation

REP

Office Sought:

☒

House

Senate

President

State

FL

District

07

- (c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

Party Committee:

- (d) ☐ This committee is a _____ (National, State or subordinate) committee of the _____ (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) ☐ This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:

Corporation

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

In addition, this committee is a Lobbyist/Registrant PAC.

- (f) ☐ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)

In addition, this committee is a Lobbyist/Registrant PAC.

In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

- | | | | |
|----|--|---------------|---|
| 1. | | FEC ID number | C |
| 2. | | FEC ID number | C |
| 3. | | FEC ID number | C |
| 4. | | FEC ID number | C |

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6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Relationship: ☐ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor

Full Name MARK BUSCH

Mailing Address 552 MOCCASIN CT
CASSELBERRY FL 32707

Title or Position CITY STATE ZIP CODE

CANDIDATE _____ Telephone number 407-616-0315

Full Name of Treasurer NOEL H. BUSCH

Mailing Address P.O. BOX 681248
ORLANDO FL 32868-1248
CITY STATE ZIP CODE

Title or Position TREASURER Telephone number 407-758-9572

2016-02-18-03-00-51-103

Full Name of
Designated
Agent

Mailing Address

Title or Position

Telephone number

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

SEASIDE NATIONAL BANK AND TRUST

Mailing Address

1201 SOUTH ORANGE AVE

ORLANDO

FL

32801

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

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PREPARER
(3/2015)